

Questionnaire sheet

1. name.....date of admission:-----

2.Age:

Gender:

Residency: center (), surrounding ()

Occupation

Marital status:

Any history of contact with the patient had coronavirus:

History of traveling to Iran or any other area:

Presentation:

Most common symptoms:

Fever Headache rigor cough sore throat Myalgia (Fatigue)

Lest common symptoms:

Sneezing sputum SOB (dyspnea) nasal discharge Chest pain hemoptysis vomiting diarrhea

Duration of complain

Smoking: never, past, currently Nargilla () others

History of previous diseases:

Diabetes: hypertension: anemia: asthma: allergic: rhinitis: cardiovascular disease:

Vit D3 deficiency:

Alcohol drinking: Yes, or No

Blood group:

Body mass index (BMI):

History of medication:

Pregnancy

If pregnant gestational age

Outcome: recoverdeath respiratory failurerenal failure still in hospital

Laboratory Tests:

CBC CRP ESR

Vit D3 level

Renal function test

Liver function test

Treatment: